

UCI Health

Digestive Health Institute

Comprehensive Heartburn Center

Our esophageal disease experts at the UCI Health Comprehensive Heartburn Center can provide a complete evaluation, proactive care and innovative treatments to dramatically lessen symptoms of GERD – or eliminate it altogether.

Conditions that we treat

- Achalasia
- Barrett's esophagus
- Dysphagia – strictures, tumor obstruction
- Early esophageal cancer
- Eosinophilic esophagitis
- Esophageal diverticulum
- Esophageal spasm
- Fundoplication
- Gastroesophageal Reflux Disease (GERD), including refractory, adverse or aversive effects to Proton Pump Inhibitor (PPI) medications
- Hiatal/paraesophageal hernia
- Laryngopharyngeal reflux (LPR)

Our services include

Diagnostic

- Ambulatory pH testing
- Artificial Intelligence endoscopy
- Complete radiologic services
- Chromoendoscopy
- Cytospunge
- EndoFLIP® (endolumenal functional lumen imaging probe)
- Endoscopic ultrasound
- Esophageal manometry
- Esophageal pH impedance
- Esophagogastroduodenoscopy
- Laryngopharyngoscopy

Non-surgical treatments

Apollo OverStitch™ Endoscopic Suturing System

This procedure allows the physician to place sutures endoscopically. OverStitch may provide a non-surgical alternative to treating GERD for patients who have undergone previous surgeries or who have altered anatomy.

OverStitch is minimally invasive and done under general anesthesia. A flexible scope is passed through the mouth in order to place sutures in several locations near the lower esophageal sphincter located near the gastroesophageal junction. The sutures are tied together to tighten the valve, preventing stomach acid from coming back up into the esophagus.

EsophyX® TIF (Transoral Incisionless Fundoplication)

During the procedure, the EsophyX device is inserted orally via an endoscope to reconstruct and tighten the lower esophageal sphincter. TIF also effectively treats hiatal hernias of 2 centimeters or less – without the abdominal incisions in standard fundoplication surgery.

Using a high-definition camera attached to the endoscope, the physician positions the device within the lower esophageal sphincter muscle to create a sturdy anti-reflux valve that prevents backwash of stomach acids.

Stretta®

This procedure involves placing a flexible endoscope down the throat and esophagus to the lower esophageal sphincter (LES) and upper stomach. Our GERD experts then deliver

radiofrequency energy through the catheter to heat the muscles, which causes them to thicken. This helps restore the natural barrier that prevents acid reflux.

Surgical treatments

LINX® Reflux Management System

Unlike standard surgical treatments for GERD, the minimally invasive LINX treatment uses a tiny bracelet of magnetic titanium beads to surround and compress the lower esophageal sphincter.

The magnetic attraction between the beads prevents gastric pressure from pushing open the muscle. The bracelet is flexible enough that the force of swallowing allows the beads, which are strung with titanium wire, to expand with the normal passage of food into the stomach.

Because no surgical alteration of the stomach or the

esophagus is needed, most patients are able to go home the day after surgery. Most are able to resume a normal diet immediately.

Laparoscopic Hernia Repair with either laparoscopic Nissen, Partial Fundoplication or endoscopic fundoplication (cTIF)

Hiatal hernia repair is performed using laparoscopy, which requires only a few small incisions to accommodate tiny surgical instruments, a small video camera and light source.

The procedure involves repairing any tear in the hiatus — the opening in the diaphragm through which the esophagus passes to the stomach — and wrapping the upper part of the stomach around the lower end of the esophagus to reconstruct the anti reflux valve. Because this is a minimally invasive procedure, most patients are able to go home the day after surgery.

Our team

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Gastroenterologists

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